

**DEPARTMENT OF LABOR  
JOB OPPORTUNITY  
OCCUPATIONAL HYGIENIST  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION UNIT**

**PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!**

**Open To:** Candidates on current exam list or lateral transfer

**Location:** 38 Wolcott Hill Road, Wethersfield

**Job Posting No:** 504

**Hours:** 8:00 a.m. – 4:30 p.m.

**Annual Salary\*:** \$71,988 - \$92,585

**Closing Date:** August 26, 2013

**Eligibility Requirement:** Candidates must be on the current certification list promulgated by the Department of Administrative Services for this classification. State employees currently holding the above title or those who have previously attained permanent status may apply for lateral transfer.

**Duties:** Conducts inspections of work site and equipment used in response to either public or private employers requests for technical assistance with occupational health issues; conducts tests with technical and scientific instruments; conducts occupational health related research; provides off site technical assistance; makes recommendations to correct health hazards; provides training, information and materials to employers and employees; assists employers in correcting occupational hazards; promotes consultation services offered by division; prepares comprehensive reports; audits employer records of injuries and illnesses; may address employee and employer groups; may perform compliance inspections; performs related duties as required.

**Special Requirements:**

1. Incumbents in this may be required to travel.
2. Incumbents in this class may be required to possess and retain a valid Motor Vehicle Operator's license.

**Working Conditions:** Incumbents in this class may be exposed to moderately disagreeable and hazardous conditions.

**Note:** The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules, if applicable.

**Application Instructions:** Interested and qualified candidates who meet the above requirements should submit a cover letter, State of Connecticut Application for Examination or Employment (CT-HR-12), and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current state employees are required to submit their last two service ratings. Current Department of Labor employees are not required to submit the Pre-Authorization and Release form. The CT-HR-12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. The application must include the Job/Title and Job Posting Number in Section 2. Applications will not be considered if incomplete, missing materials, or not received or postmarked by the above closing. Submit via mail to:

**DEPARTMENT OF LABOR – HUMAN RESOURCES  
200 Folly Brook Boulevard  
Wethersfield, CT 06109  
FAX NUMBER (860) 263-6699**

\*New hires to the State of Connecticut start at the minimum of the annual salary range. The salary range posted is effective August 26, 2013.

**Please note:** If you are choosing to fax your application, it is not necessary to also send an original copy. Due to the large number of expected applicants we cannot confirm receipt of application materials. Not all individuals who apply will be granted an interview.

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

CONNECTICUT DEPARTMENT OF LABOR

Pre-Employment Screening – Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant's Name (Last, First, Middle): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: (    ) \_\_\_\_\_

I, the undersigned, recognize and understand that this constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Department of Labor concerning my character, employment, or military service as may be necessary for a determination of my suitability for employment with the Connecticut State Department of Labor.

This authorization is executed with the full knowledge and understanding that the Labor Department will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Department.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Department not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date of my signature.

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Date Signed

Signature of Applicant

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As a candidate being considered for employment at the Department of Labor, I have reviewed a copy of the Guide to the Code of Ethics for Public Officials and State Employees.

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Date Signed

Signature

A copy of the Guide to the Code of Ethics for Public Officials and State Employees may be obtained at the following link: [http://www.ct.gov/ethics/lib/ethics/guides/public\\_officials\\_guide\\_10.pdf](http://www.ct.gov/ethics/lib/ethics/guides/public_officials_guide_10.pdf)